

1/41

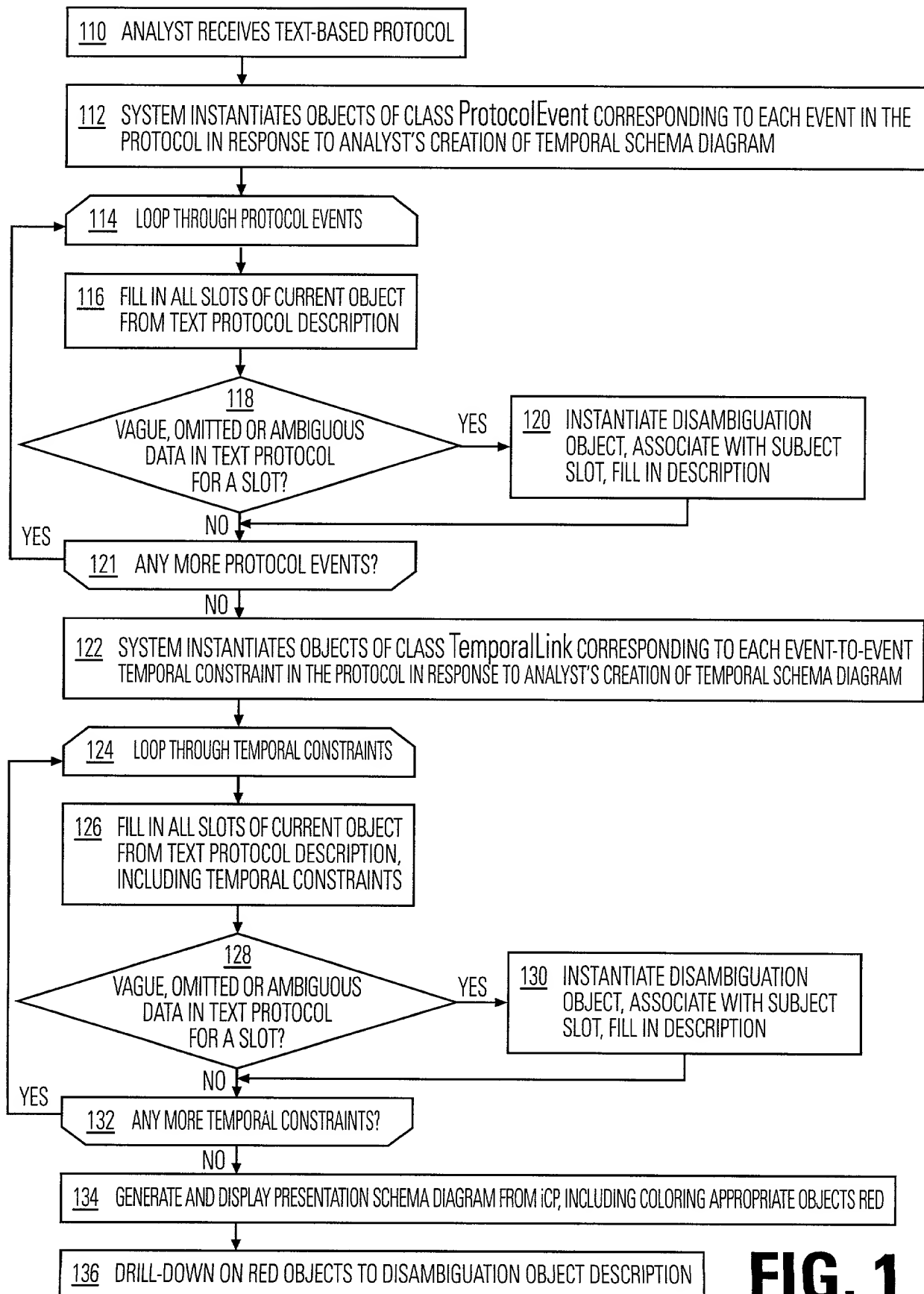


FIG. 1

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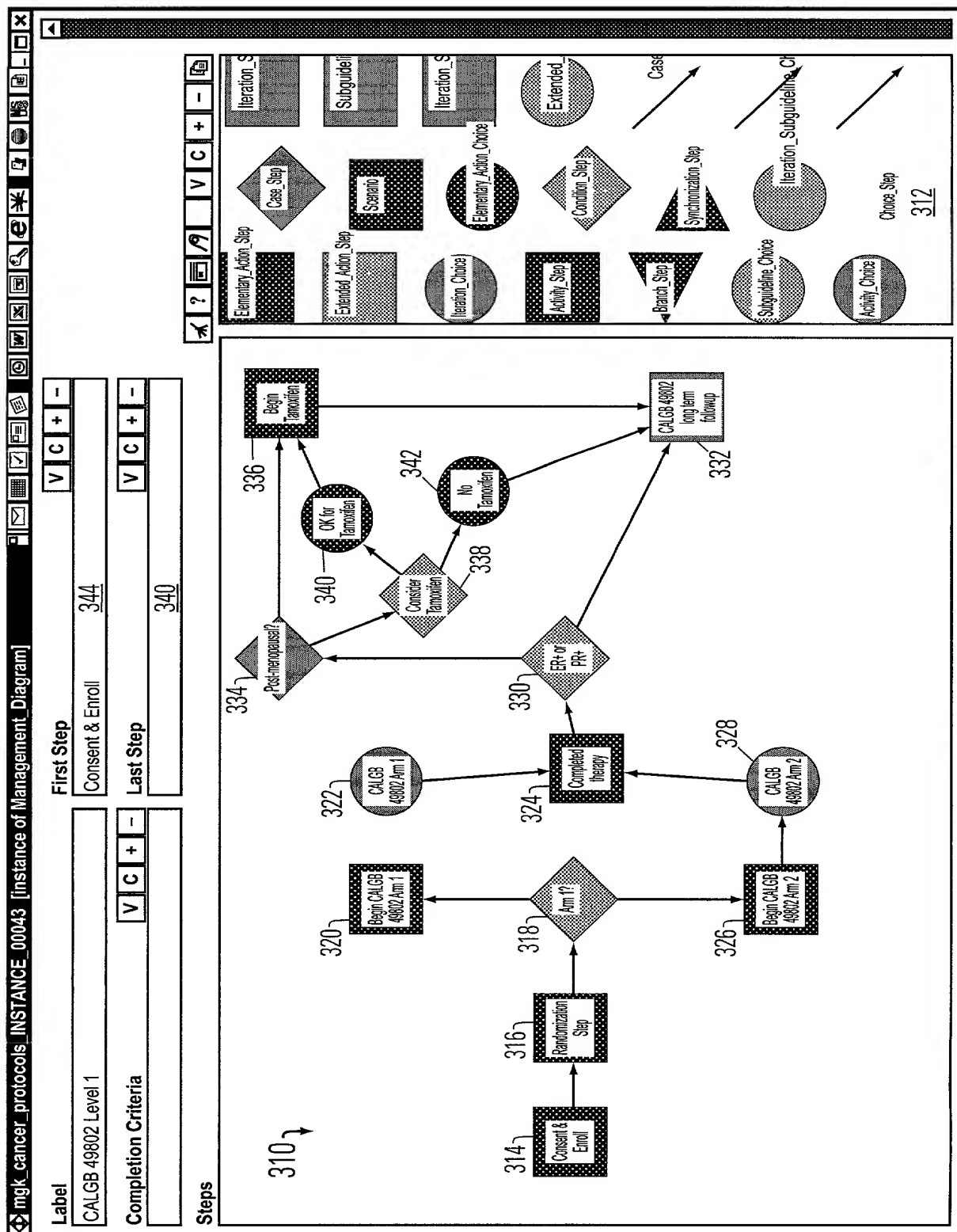


FIG. 3

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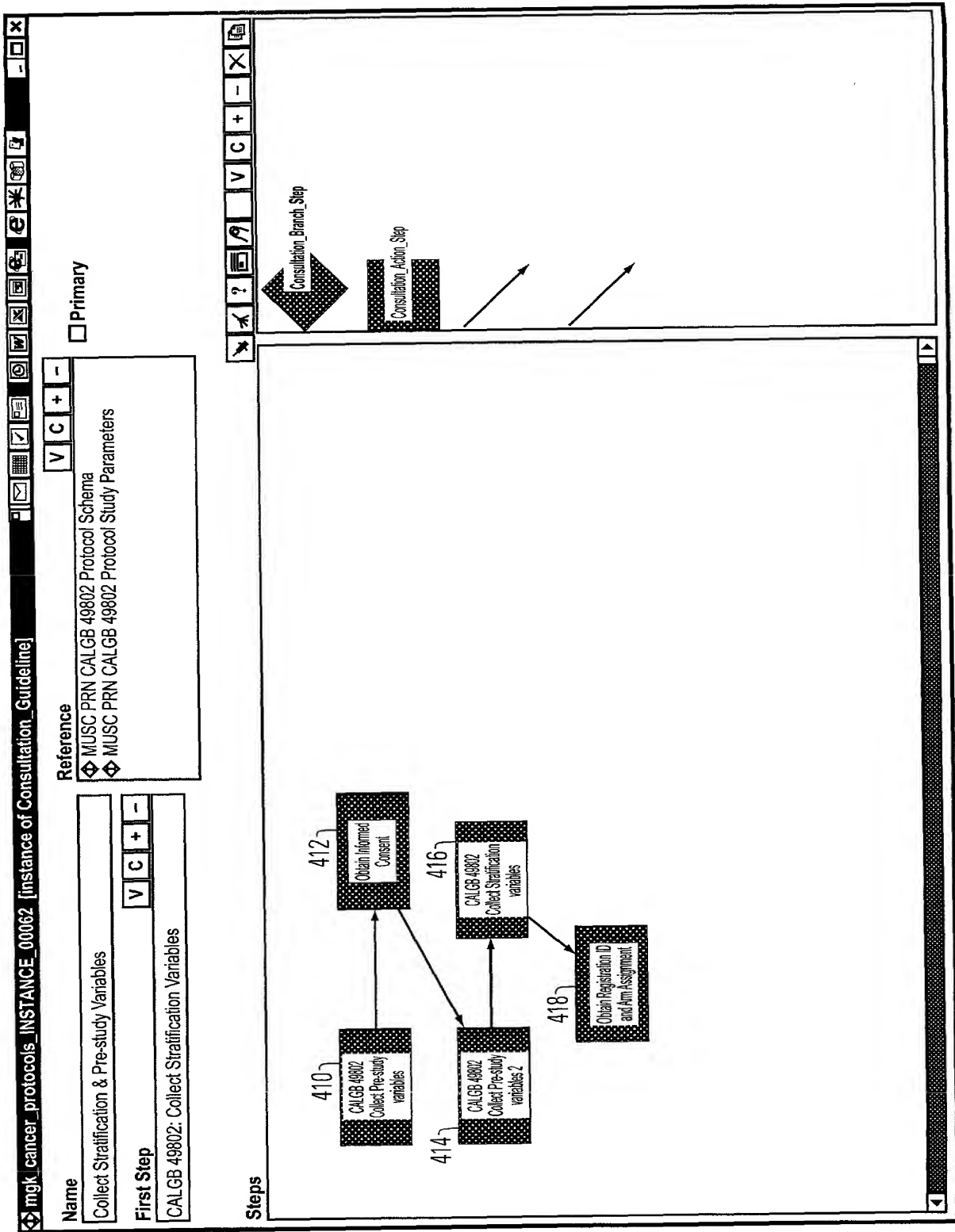


FIG. 4

FIG. 5

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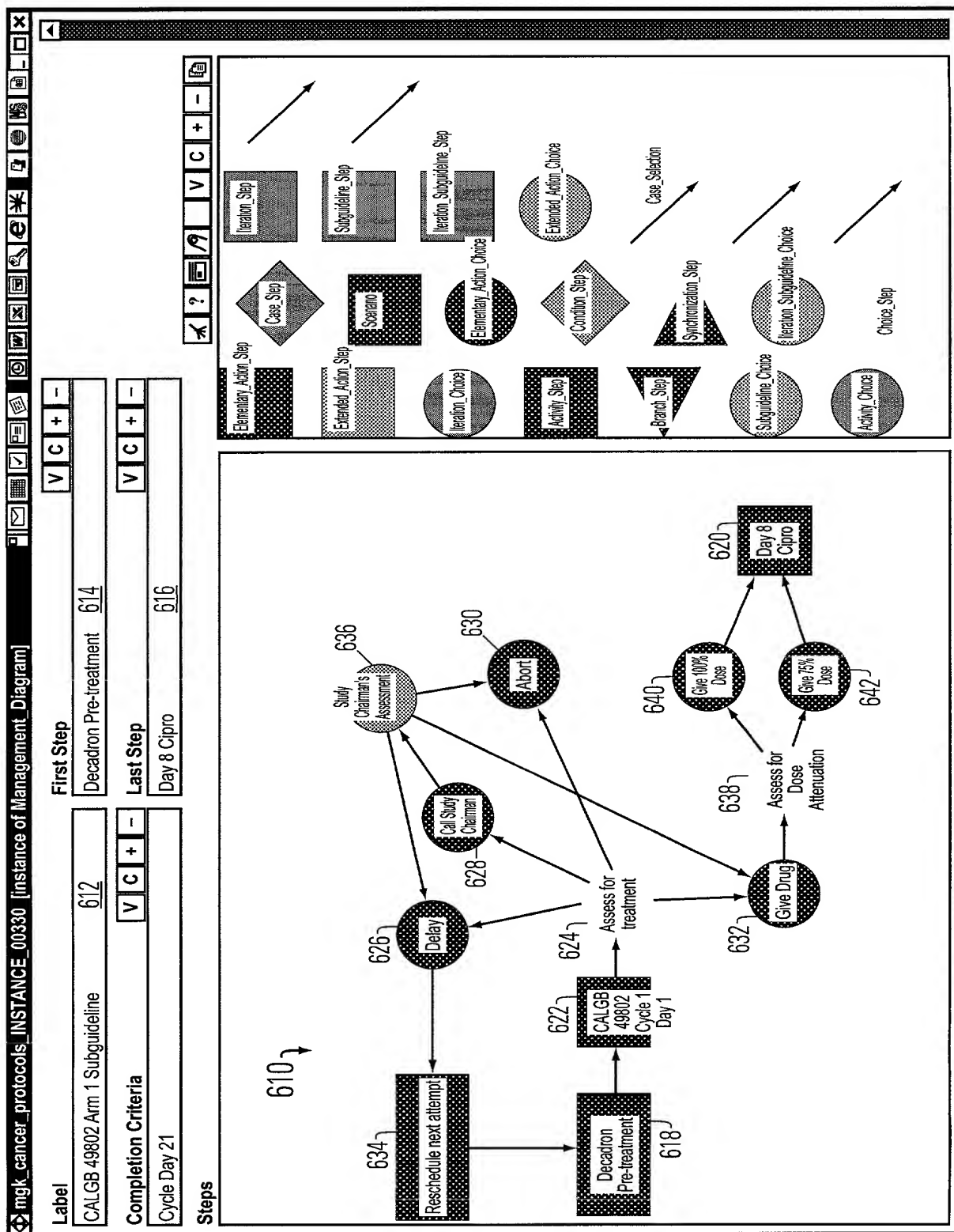


FIG. 6

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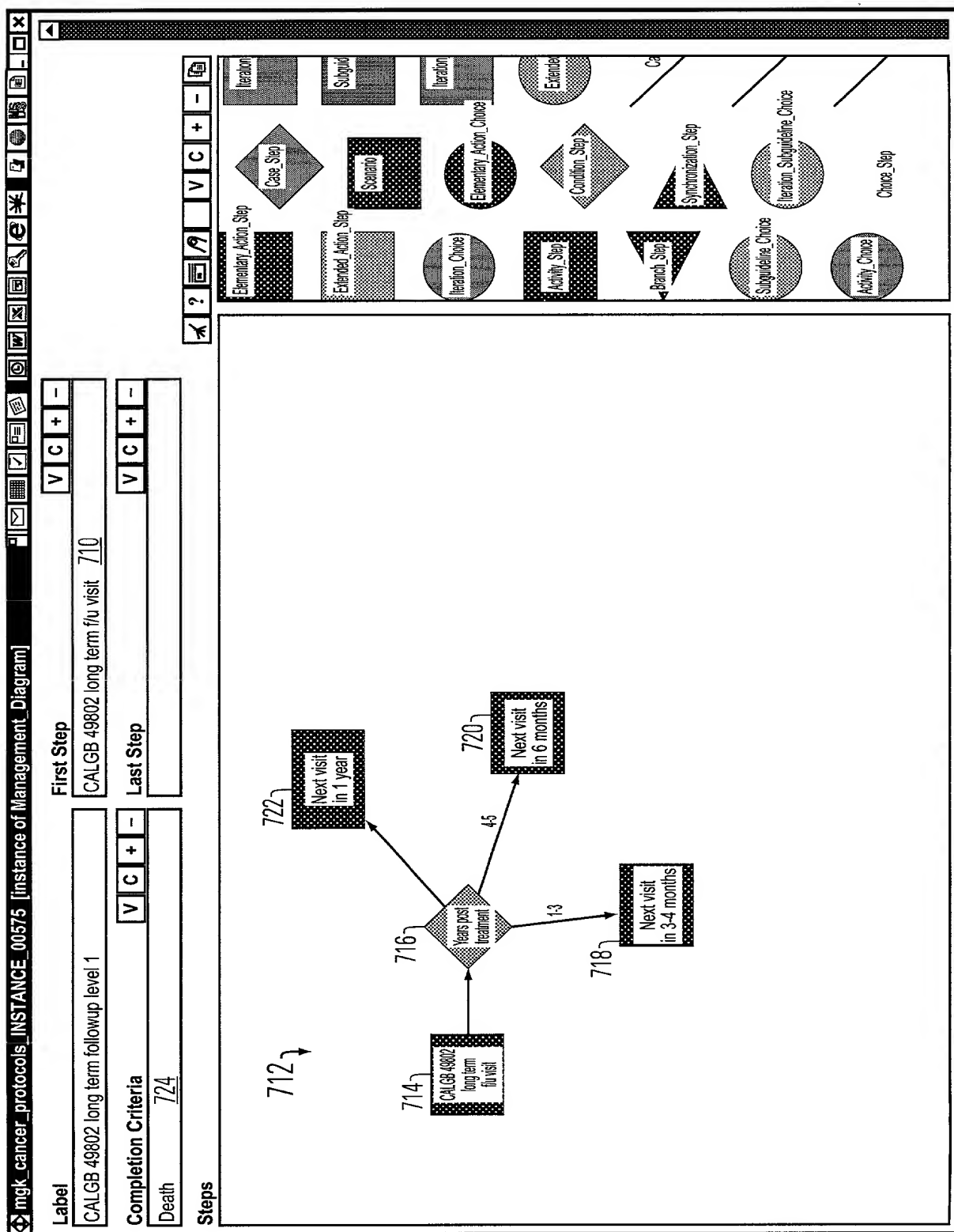


FIG. 7

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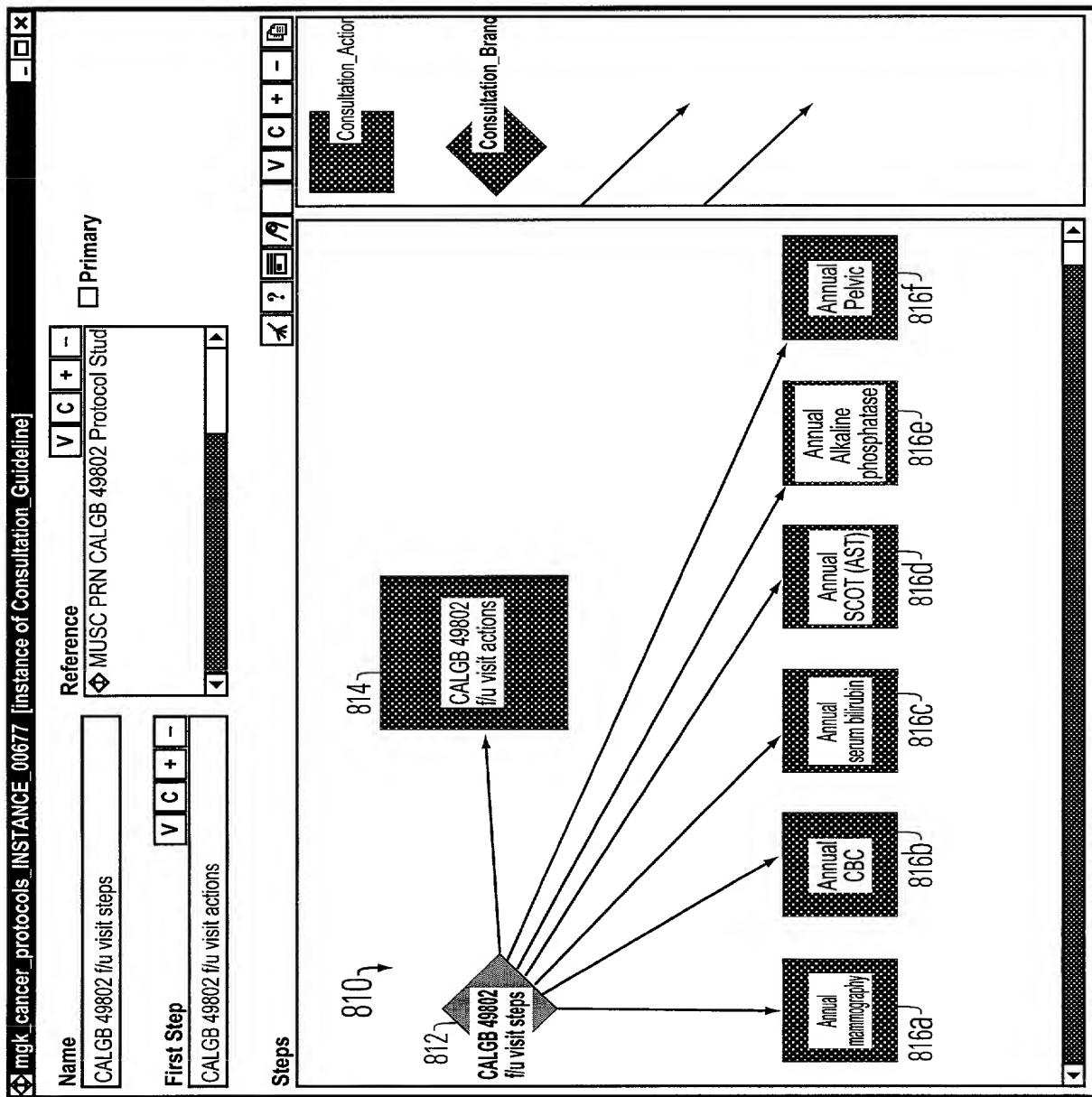


FIG. 8

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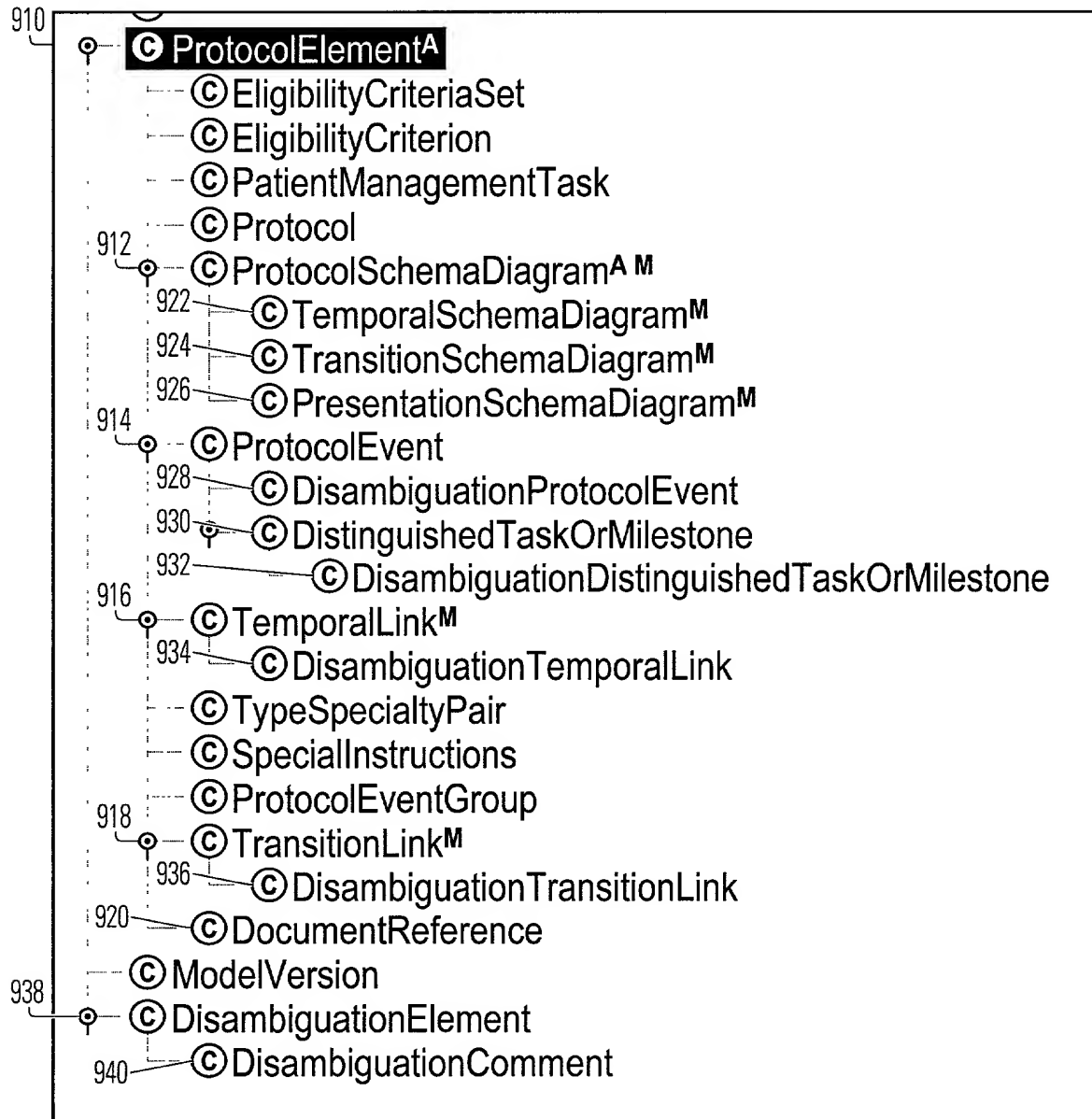


FIG. 9

910

© ProtocolElement

Name ProtocolElement	Documentation The superclass for all objects in the FastTrack protocol model.	Constraints V C + -
Role Abstract ^A		

Template Slots V V C ✕ + -

Name	Type	Cardinality	Other Facets
1010 [S] disambiguationComments	Instance	multiple	classes={DisambiguationComment}
[S] drillDown	Boolean	single	default={false}
1012 [S] encodingComments	String	single	
1014 [S] longDescription	String	single	
[S] shortDescription	String	required single	

FIG. 10

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FastTrack Protocol Protégé-2000 [C:\My Documents\Latest FastTrack RDF + CALGB 9840\FastTrack Protocol.pprj]

Project Edit Window Help

Classes Forms Instances

Relationship: Subclass V C X

● :THING^A
● :SYSTEM-CLASS^A
● Diagram_Entity
● Date
● ProtocolElement^A — 1112
● EligibilityCriteriaSet — 1124
● EligibilityCriterion
● PatientManagementTask — 1130
● Protocol — 1116
● ProtocolSchemaDiagram^M — 1132
● Visit — 1128
● VisitToVisitTransition^M
● DiseaseArea
● Arm — 1150
● WeightedPath — 1152
● ApplicationArea
● VisitCycle — 1154
● Disease^A
● DiseaseQualifiers^A
● ModelVersion

● Protocol (instance of rdfs:Class)

Name Protocol Constraints V C +

Role Concrete

Documentation The document that describes the objective(s), design, methodology, statistical considerations, and organization of a trial. The protocol also usually gives the background and

Template Slots

Name	Type	Cardinality	Default	Other Facets
protocolSchemaDiagram	Instance	Single		classes={ProtocolSchemaDiagram}
protocolTitle	String	Single		
quickScreenCriterion	Symbol	Single		values={Prostate Cancer, Colorectal Cancer, Breast Canc
rdfs:isDefinedBy	Instance	Single		1122 classes={URI, rdfs:Resource}
rdfs:seeAlso	Instance	Single		classes={URI}
resource uri	Instance	Single		
shortDescription	String	Single		
siteAccrualTarget	String	Single		
siteLongDescription	String	Single		
siteShortDescription	String	Single		
sponsor	String	Single		
sponsorAccrualTarget	String	Single		
studyChair	String	Single		
trialPhase	String	Single		
trialStatus	Symbol	Single		values={Phase II, Phase IV, Phase, PhaseIII}

Rdfs:isDefinedBy V C +

Rdfs:seeAlso V C +

Resource Uri 66 V +

Superclasses +

● ProtocolElement^A

1114

FIG. 11

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FastTrack Protocol_INSTANCE_00212 [instance of Protocol]

ProtocolTitle	Version
A Phase III Study of Paclitaxel via Weekly 1-Hour Infusion v	Update #1
ProtocolIdentifier	VersionDate
CALGB 9840	December 15, 1998
OfficialSourceDocument	EligibilityCriteriaSet
http://pm.musc.edu/research/protocol/deptmed/divhonc/bi	<input type="button" value="V"/> <input type="button" value="C"/> <input type="button" value="+"/> <input type="button" value="-"/>
ShortDescription	<input checked="" type="checkbox"/> CALGB 9840 Eligibility Criteria 1212
StudyChair	
Andrew D. Seidman, M.D.	
Sponsor	LongDescription
CALGB	
QuickScreenCriterion	
Breast Cancer	
Sponsor	
To compare "standard" (S) paclitaxel at 175 mg/m2 via 3-hour infusion every 3 weeks to "dose-dense" (DD) paclitaxel at 80 mg/m2 via 1-hour infusion every week	
TrialStatus	FirstVisit
Active	<input type="button" value="V"/> <input type="button" value="C"/> <input type="button" value="+"/> <input type="button" value="-"/>
AccrualStatus	Screening Visit
Open for accrual	
TrialPhase	ProtocolSchemaDiagram
Phase III	<input type="button" value="V"/> <input type="button" value="C"/> <input type="button" value="+"/> <input type="button" value="-"/>
TrialType	CALGB 9840 Schema 1214
Cooperative group	

FIG. 12

914

ProtocolEvent

Name
ProtocolEvent

Role
Concrete

Documentation
This class is used to represent a single patient visit during the course of a clinical protocol.

Constraints

Template Slots

Name	Type	Cardinality	Other Facets
1010 [S] disambiguationComments	Instance	multiple	classes={DisambiguationComment}
[S] drillDown	Boolean	single	default={false}
[S] encodingComments	String	single	
1312 [S] eventType	Symbol	single	allowed-values={Screening,Treatme...}
[S] incomingLinks	Instance	multiple	classes={TemporalLink}
1012 [S] isMilestone	Boolean	single	default={false}
1310 [S] longDescription	String	single	
[S] managementTasks	Instance	multiple	classes={PatientManagementTask}
1314 [S] outgoingLinks	Instance	multiple	classes={TemporalLink}
1014 [S] shortDescription	String	required single	

FIG. 13

14/41

The screenshot shows a software window titled "2 day f/u for Visit 1 (DisambiguationProtocolEvent)". The interface is divided into several sections:

- ShortDescription:** A text box containing "2 day f/u for Visit 1".
- EventType:** A dropdown menu currently showing "Treatment".
- LongDescription:** A text box containing "These labs must be obtained in the morning.".
- Management Tasks:** A list of tasks with checkboxes: "Phone F/U", "Creatinine", "Ionized Ca", "Mg", "PO4", and "CBC with Diff and plt". Above the list are buttons "V", "C", and "+".
- Incoming Links:** A list containing "Visit 1 to Visit 1 f/u". Above the list are buttons "V", "C", "+", and "-".
- OutgoingLinks:** An empty list box. Above it are buttons "V", "C", "+", and "-".
- EncodingComments:** An empty text box.
- DisambiguationComments:** A list containing "Inconsistent tasks in tx plan and assessment". Above the list are buttons "V", "C", and "+". The number "1410" is visible in the bottom right corner of this section.

The window has standard OS controls (minimize, maximize, close) in the top right corner and a scrollbar on the right side.

FIG. 14

916

© TemporalLink (Connector_Metaclass)

Name

TemporalLink

Constraints

Documentation

This class a temporal constraint or anchoring between two visits.

Role

Concrete

Template Slots

Name	Type	Cardinality	Other Facets
disambiguationComments	Instance	multiple	classes={DisambiguationComment}
dominant	Boolean	single	default={false}
drillDown	Boolean	single	default={false}
encodingComments	String	single	
first_object ^{o1}	Instance	single	classes={ProtocolEvent}
longDescription	String	single	
maximumRelativeOffset	Integer	single	
minimumRelativeOffset	Integer	single	
offsetUnits	Symbol	required single	allowed-values={Years,Months,Week...
preferredRelativeOffset	Integer	single	
second_object ^{o1}	Instance	single	classes={ProtocolEvent}
shortDescription	String	required single	

FIG. 15

16/41

Screening to Rheumatoid Factor (TemporalLink)

ShortDescription
Screening to Rheumatoid Factor

FromEvent (first_object) V C + -
Screening

preferredRelativeOffset
[]

ToEvent (second_object) V C + -
Rheumatoid Factor

MinimumRelativeOffset
[] -180

MaximumRelativeOffset
[] -1

OffsetUnits
Days ☐ Dominant

DisambiguationComments V C + -
[]

EncodingComments
[]

FIG. 16

17/41

FastTrack Protocol Protégé-2000 [C:\My Documents\Latest FastTrack RDF + CALGB 9840\FastTrack Protocol.pprj]

Project Edit Window Help

Classes Forms Instances

Relationship: Subclass V C X

Thing^A

SYSTEM-CLASS^A

Diagram_Entity

Date

ProtocolElement^A — 1112

EligibilityCriteriaSet — 1124

EligibilityCriterion

PatientManagementTask — 1130

Protocol — 1116

ProtocolSchemaDiagram^M — 1132

Visit — 1128

VisitToVisitTransition^M

DiseaseArea

Visit

WeightedPath

ApplicationArea

VisitCycle

Disease^A

DiseaseQualifiers^A

ModelVersion

Visit (instance of rdfs:Class)

Name

Visit

Role

Concrete

Constraints

V C + -

Documentation

An actual encounter between the provider and a patient on study. A number of possible visits are associated with a study (Protocol).

V C + -

Template Slots

Name	Type	Cardinality	Default	Other Facets
dataManagementTasks	1716 Instance	Multiple		classes={ManagementTask}
longDescription	String	Single		
patientManagementTasks	Instance	Multiple		classes={ManagementTask}
possibleVisitTransitions	1714 Instance	Multiple		classes={VisitToVisitTransition}
rdfs:isDefinedBy	1712 Instance	Single		classes={URI,rdfs:Resource}
rdfs:seeAlso	1712 Instance	Single		classes={URI,rdfs:Resource}
resource uri	Instance	Single		classes={URI}
shortDescription	String	Single		
siteLongDescription	String	Single		
siteShortDescription	String	Single		

Rdfs:isDefinedBy

V C + -

Rdfs:seeAlso

V C + -

Resource Uri

64 V + -

Superclasses

+ -

FastTrackClass

1110

FIG. 17

18/41

FastTrack Protocol_INSTANCE_00014 [Instance of Visit]

ShortDescription

Arm A Treatment Visit

PossibleVisitTransitions

Arm A Treatment to Arm A Treatment Retry #1

Arm A Treatment to Long Term Followup

Arm A Treatment Visit to Arm A Treatment Visit

DataManagementTasks

Submit Form C-116

Submit Form C-118

Submit Form C-080

Submit Form C-344 + Form C-080 (*)

Submit Form C-344 + Form C-272 (*)

Submit Form C-113 (*)

Submit Form C-260 (*)

Submit Form C-300 (*)

PatientManagementTasks

Confirm granulocytes >= 1500 / ul

Confirm no G-CSF given in past 24 hours

Give Dexmethosone 10 mg IV, 30 minutes

Give Diphenhydramine 50 mg IV, 30 minutes

Give Cimetidine 300 mg IV, 30 minutes

Give anti-emetics (*)

Give Arm A Paclitaxel treatment

Give G-CSF (*)

Evaluate Patient Response

Schedule next visit

LongDescription

Arm A of the CALG 9840 consists of treatment with Paclitaxel 175 mg/m2 administered as a 3 hour infusion intravenously every three weeks. One cycle is equivalent to one infusion. Treatment cycles will be repeated every 21 days as long as the patient has stable or responding disease. Granulocyte count must be >= 1500/ul and platelet count must be >= 100,000 / ul on day 1 of each cycle. Patients should receive a minimum of two cycles of therapy, unless there is rapid disease progression (>50% increase in product of bi-dimensional measurements).

SiteLongDescription

SiteShortDescription

FIG. 18

19/41

FastTrack Protocol Protégé-2000 [C:\My Documents\Latest FastTrack RDF + CALGB 9840\FastTrack Protocol.pprj]

Project Edit Window Help

Classes Forms Instances

Relationship: Subclass V C X

① :THING^A

- ① :SYSTEM-CLASS^A
- ① Diagram_Entity
- ① Date
- ① ProtocolElement^A — 1112
- ① EligibilityCriteriaSet — 1124
- ① EligibilityCriterion
- ① PatientManagementTask — 1130
- ① Protocol — 1116
- ① ProtocolSchemaDiagram^M — 1132
- ① Visit — 1128
- ① VisitToVisitTransition^M
- ① DiseaseArea
- ① Arm
- ① WeightedPath
- ① ApplicationArea
- ① VisitCycle
- ① Disease^A
- ① DiseaseQualifiers^A
- ① ModelVersion

1126

1110

① ManagementTask (instance of rdfs:Class)

Name ManagementTask

Role Concrete

Constraints

Documentation
A task related to this visit. Includes:
checks that tasks prior to this visit
occurred, oks that tasks performed
during this visit were done, or
reminders for tasks to perform before

V C + -

Template Slots

Name	Type	Cardinality	Default	Other Facets
longDescriptionImportance	Symbol	Single		values={Medium,High,Low}
longDescription	String	Single		
rdfs:isDefinedBy	Instance	Single		classes={UR rdfs:Resource}
rdfs:seeAlso	Instance	Single		classes={UR rdfs:Resource}
resource uri	Instance	Single		classes={UR}
shortDescription	String	Single		
siteLongDescription	String	Single		
siteShortDescription	String	Single		

Rdfs:isDefinedBy V C + -

Rdfs:seeAlso V C + -

Resource Uri 66 V + -

Superclasses
① FastTrackClass

1910

FIG. 19

20/41

FastTrack Protocol INSTANCE: 00206 [Instance of ManagementTask]

ShortDescription

Give Arm A Paclitaxel treatment

LongDescription

Give Paclitaxel 175 mg/m2 IV, 3hours. This treatment is given to patients in Arm A of the CALGB 9840 protocol. It is given once every 3 weeks. One cycle is equivalent to one infusion. Granulocyte count must be $\geq 1500/\mu\text{l}$ and platelet count must be $\geq 100,000/\mu\text{l}$ on day 1 of each cycle in order to proceed with the Paclitaxel infusion. Patients must receive the pre-medication prior to Paclitaxel infusion. If either the granulocyte or platelet count are not adequate, do not continue with treatment. Patients should receive a minimum of 2 cycles unless there is rapid disease progression.

Expected toxicities:

The dose-limiting toxicity of Paclitaxel is neutropenia. Other known toxicities include nausea and vomiting, diarrhea, stomatitis, mucositis, pharyngitis, typhilitis, ischemic colitis, bradycardia, atrial arrhythmia, hypotension, hypertension, sensory (taste), peripheral neuropathy, seizures, mood, hepatic encephalopathy, acute anaphylactoid and urticarial reactions, flushing, rash, pruritis, increased SGOT, SGPT, bilirubin and/or alkaline phosphatase, hepatic failure, hepatic necrosis, alopecia, fatigue, arthralgia, myalgia, light-headedness, myopathy, visual changes (sensation of flashing lights, blurred vision). Local infiltration with Paclitaxel will cause mild local symptoms (erythema, discomfort, induration) that usually resolve within a week. If infiltration occurs, there is the rare possibility of ulceration or rash. Seizure have been reported rarely in association with Paclitaxel use.

Dose Modifications:

Allergic reactions: Patients with grade 1 or 2 allergic reactions may have treatment continued without modifications. Patients with grade 3 or 4 allergic reactions who are responding to treatment may remain on protocol therapy after discussion with Study Chair. Such patients are at risk for recurrent allergic reactions. As a first maneuver, retreatment after premedication with oral recurrent allergic reactions. As a first maneuver, retreatment after premedication with oral dexamethasone 20 mg at 12 and 6 hours pre-administration of Paclitaxel, along with IV H1 and H2-receptor antagonist should be attempted. If necessary, thereafter, infusion rate adjustments will be considered and additional premedications will be administered. These patients must be informed of the potential risks of recurrent allergic reactions and must be carefully monitored.

Hematologic Toxicity: Patients are to be managed as clinically indicated. Colony stimulation factors (G-CSF) should be used in the manner described below. Premedication should be administered with the Study Chair.

SiteLongDescription

FIG. 20

21/41

FastTrack Protocol_INSTANCE_00196 [instance of ManagementTask]

ShortDescription
Submit Form C-116

LongDescription
Submit CALGB Advanced Breast Cancer Followup-form (C-116) every two cycles while on protocol therapy, at 6 & 12 months after end of treatment, at disease progression or initiation of non-protocol therapy.

SiteLongDescription

SiteShortDescription

FIG. 21

22/41

FastTrack Protocol Protégé-2000 [C:\My Documents\Latest FastTrack RDF + CALGB 9840\FastTrack Protocol.ppt]

Project Edit Window Help

Classes Forms Instances

Relationship: Subclass V C X

① :THING^A
② :SYSTEM-CLASS^A
③ Diagram_Entity
④ Date
⑤ ProtocolElement^A — 1112
⑥ EligibilityCriteriaSet — 1124
⑦ EligibilityCriterion
⑧ PatientManagementTask — 1130
⑨ Protocol — 1116
⑩ ProtocolSchemaDiagram^M — 1132
⑪ Visit — 1128
⑫ VisitToVisitTransition^M — 2210
⑬ DiseaseArea
⑭ :Ami
⑮ WeightedPath
⑯ ApplicationArea
⑰ VisitCycle
⑱ Disease^A
⑲ DiseaseQualifiers^A
⑳ ModelVersion

1110

② VisitToVisitTransition (Instance of Connector_Metaclass)

Name VisitToVisitTransition

Role Concrete

Constraints V C + -

Documentation
A one-way link between a source visit (first_object) and a target visit (second_object). The inherited descriptions specify guidance about when/how/why to make this transition.

V C + -

Template Slots

Name	Type	Cardinality	Default	Other Facets
first_object — 2214	Instance	Single		classes={Visit}
longDescription	String	Single		
maximumRelativeTime — 2218	String	Single		
minimumRelativeTime — 2220	String	Single		
preferredRelativeTime — 2222	String	Single		
rdfs:isDefinedBy	Instance	Single		classes={URI,rdfs:Resource}
rdfs:seeAlso	Instance	Single		classes={URI,rdfs:Resource}
resource uri	Instance	Single		classes={URI}
second_object — 2216	Instance	Single		classes={Visit}
shortDescription	String	Single		
siteLongDescription	String	Single		
siteShortDescription	String	Single		

First Object Slot Pointer V C + -

Second Object Slot Pointer V C + -

Rdfs:isDefinedBy V C + -

Rdfs:seeAlso V C + -

Superclasses
② Transition^A M

2212

FIG. 22

23/41

FastTrack Protocol_INSTANCE_00023 [instance of VisitToVisit Transition]

ShortDescription		PreferredRelativeTime
Arm A Treatment to Arm A Treatment Retry #		7
First Object	V C + -	MaximumRelativeTime
Arm A Treatment Visit		7
Second Object	V C + -	MinimumRelativeTime
Arm A Treatment Retry #1		7
LongDescription		
If either granulocyte or platelet count are not adequate, blood counts should be repeated weekly and treatment should be instituted when there has been hematologic recovery. Patients receiving G-CSF are not eligible for re-treatment unless they have been off G-CSF for a minimum of 24 hours.		
SiteLongDescription		<input checked="" type="checkbox"/> IsPreferredTransition
		2310
SiteShortDescription		

FIG. 23

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FastTrack Protocol Protégé-2000 [C:\My Documents\Latest FastTrack RDF + CALGB 9840\FastTrack Protocol.pprj]

Project Edit Window Help

Classes Forms Instances

Relationship: Subclass V C X

@ :THING^A
 @ :SYSTEM-CLASS^A
 @ Diagram_Entity
 @ Date
 @ ProtocolElement^A — 1112
 @ EligibilityCriteriaSet — 1124
 @ EligibilityCriterion
 @ PatientManagementTask — 1130
 @ Protocol — 1116
 @ ProtocolSchemaDiagram^M — 1132
 @ Visit — 1128
 @ VisitToVisitTransition^M — 2210
 @ DiseaseArea
 @ **Act**
 @ WeightedPath
 @ ApplicationArea
 @ VisitCycle
 @ Disease^A
 @ DiseaseQualifiers^A
 @ ModelVersion

1126

1110

ProtocolSchemaDiagram (instance of Network_Metaclass)

Name: ProtocolSchemaDiagram

Role: Concrete

Constraints: V C + -

Documentation: The ProtocolSchemaDiagram is the part of the protocol which details the design of the trial. A protocol schema's first visit is always at least one screening visit, which is assumed

V C + -

Template Slots	Name	Type	Cardinality	Default	Other Facets
[S] connectors — 2410	connectors	Instance	Multiple		classes={VisitToVisitTransition}
[S] diagramNodes — 2412	diagramNodes	Instance	Multiple		classes={Visit}
[S] last_divider_location	last_divider_location	Instance	Single		
[S] layout_information	layout_information	Instance	Multiple		classes={ObjectLocation}
[S] longDescription	longDescription	String	Single		
[S] main_panel_height	main_panel_height	Integer	Single		
[S] main_panel_width	main_panel_width	Integer	Single		
[S] rdfs:isDefinedBy	rdfs:isDefinedBy	Instance	Single		classes={URI,rdfs:Resource}
[S] rdfs:seeAlso	rdfs:seeAlso	Instance	Single		classes={URI,rdfs:Resource}
[S] resource uri	resource uri	Instance	Single		classes={URI}
[S] shortDescription	shortDescription	String	Single		
[S] siteLongDescription	siteLongDescription	String	Single		
[S] siteShortDescription	siteShortDescription	String	Single		

Node Slot: V C + -

diagramNodes

Rdfs:isDefinedBy: V C + -

Rdfs:seeAlso: V C + -

Superclasses: + -

@ FastTrackClass
 @ Network^A

FIG. 24

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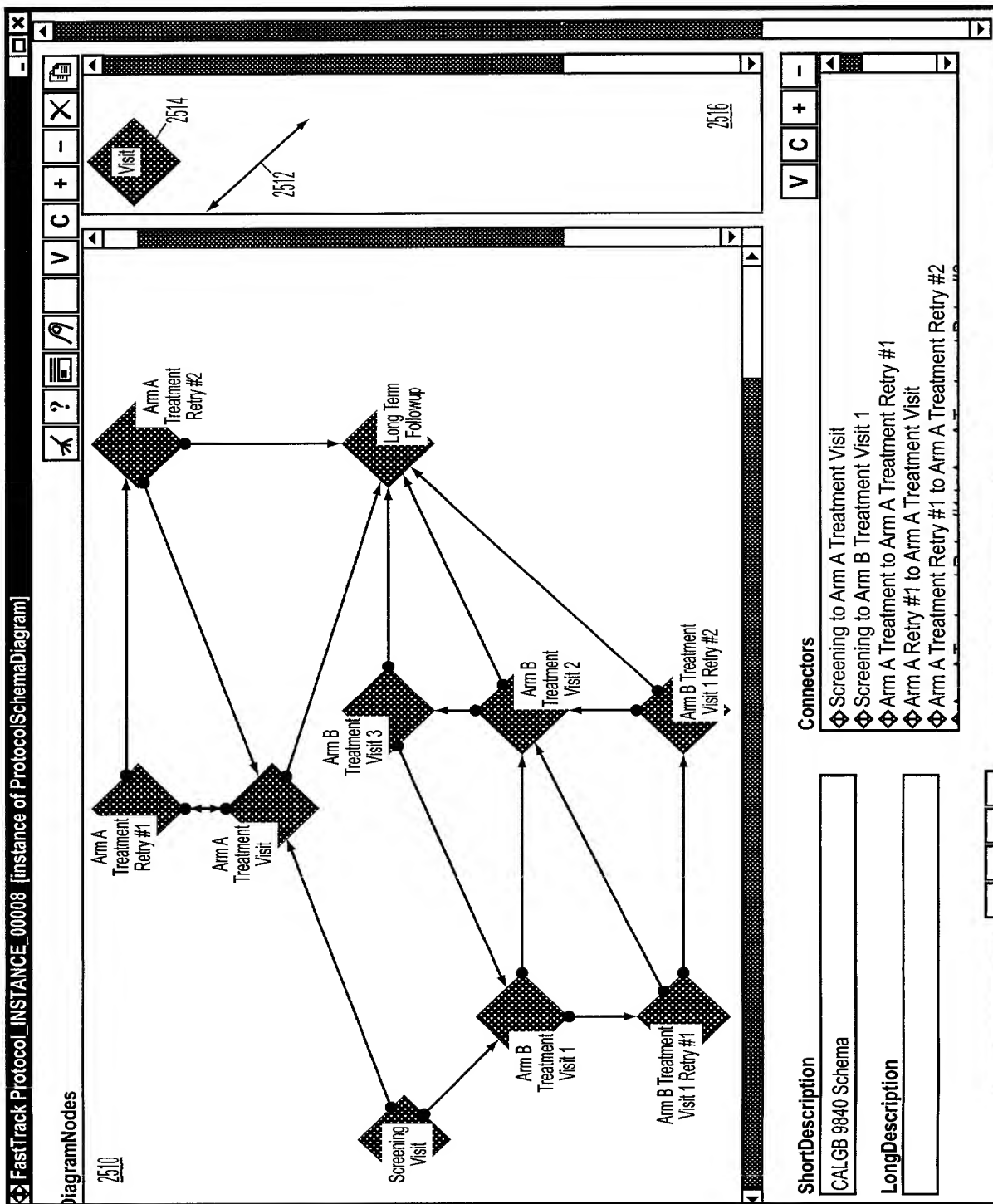


FIG. 25

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DisambiguationComment

Name
DisambiguationComment

Role
Concrete

Documentation

Constraints [V] [C] [+] [-]

Template Slots [V] [V] [C] [X] [+] [-]

Name	Type	Cardinality	Other Facets
[S] conceptualProtocolSection	Symbol	multiple	allowed-values={Protocol Summary,...}
[S] documentReferences	Instance	multiple	classes={DocumentReference}
[S] Impact Type	Symbol	multiple	allowed-values={Safety,Efficacy-prim..}
[S] Issue	String	single	
[S] Potential Impact	String	single	
[S] Protocol text	String	single	
[S] Recommendation	String	single	
[S] Severity Level	Symbol	single	allowed-values={Level One,LevenTw..}
[S] Short Description	String	single	

FIG. 26

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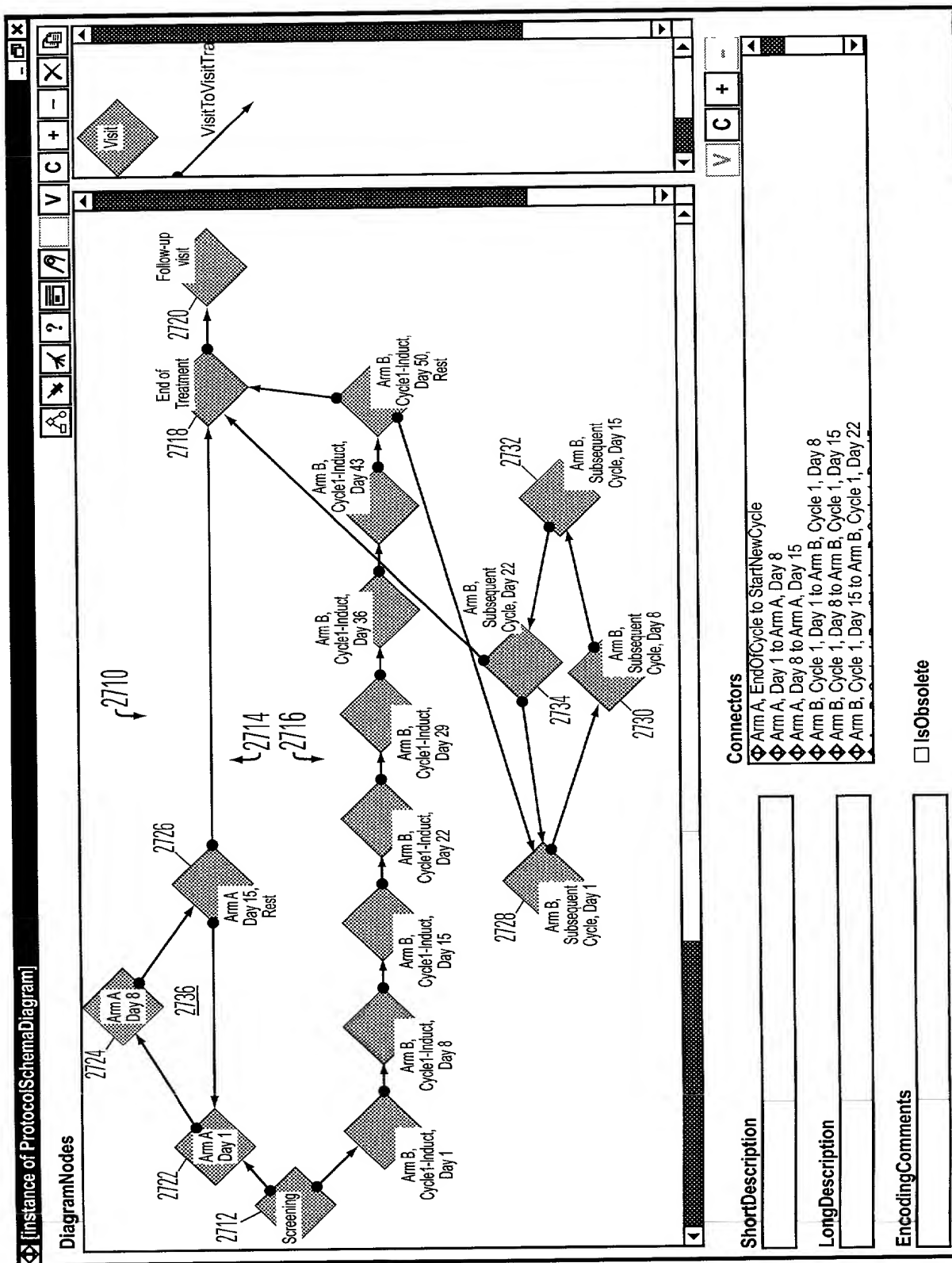


FIG. 27

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Protocol Protégé-2000 [D:\Work\Sample\Protocol.pprj]
Project Edit Window Help

Classes Slots Forms Instances

Relationship: Subclass V C X

©:THING^A
©:SYSTEM-CLASS^A
Diagram_Entity
Date
ProtocolElement^A — 1112
EligibilityCriteriaSet — 1124
EligibilityCriterion
PatientManagementTask — 1130
Protocol — 1116
ProtocolSchemaDiagram^M — 1132
Visit — 1128
VisitToVisitTransition^M
DiseaseArea
© Arm — 1150
WeightedPath — 1152
ApplicationArea
VisitCycle — 1154
Disease^A
DiseaseQualifiers^A
ModelVersion

© Arm (instance of :STANDARD.CLASS)

Name Arm

Constraints V C +

Documentation

Role Concrete

Template Slots

Name	Type	Cardinality	Default	Other Facets
drillDown	Boolean	single	false	
encodingComments	String	single		
IsObsolete	Boolean	single	false	
longDescription	String	single		
obsoleteVisits	Instance	multiple		classes={Visit, VisitCycle}
shortDescription	String	single		
Visits — 2012	Instance	multiple		classes={Visit, VisitCycle}

2810

Superclasses
© ProtocolElement^A

FIG. 28

FIG. 29

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Protocol Protégé-2000 [D:\Work\Sample\Protocol.ppt]

Project Edit Window Help

Classes Slots Forms Instances

Relationship: Subclass V C X

WeightedPath (instance of :STANDARD-CLASS)

Name WeightedPath Constraints Documentation

Role Concrete

Template Slots

Name	Type	Cardinality	Default	Other Facets
drillDown	Boolean	single	false	
encodingComments	String	single	false	
isObsolete	Boolean	single	false	
longDescription	String	single		
obsoleteVisits	Instance	multiple		classes={Visit, VisitCycle}
pathWeight	Integer	single	1	
shortDescription	String	single		
Visits	Instance	multiple		classes={Visit, VisitCycle}

Superclasses

Arm

3010

FIG. 30

FIG. 31

32/41

Protocol Protégé-2000 [D:\Work\Sample\Protocol.ppt]

Project Edit Window Help

Classes Slots Forms Instances

Relationship: Subclass V C

- THING^A
- SYSTEM-CLASS^A
- Diagram_Entity
- Date
- ProtocolElement^A
- EligibilityCriteriaSet
- EligibilityCriterion
- PatientManagementTask
- Protocol
- ProtocolSchemaDiagram^M
- Visit
- VisitToVisitTransition^M
- DiseaseArea
- Arm¹¹⁵⁰
- WeightedPath¹¹⁵²
- ApplicationArea
- VisitCycle¹¹⁵⁴
- Disease^A
- DiseaseQualifiers^A
- ModelVersion

VisitCycle (instance of :STANDARD.CLASS)

Name

VisitCycle

Constraints

Documentation

Role

Concrete

Template Slots

Name	Type	Cardinality	Default	Other Facets
cycleCount ³²¹⁴	Integer	single	1	
drillDown	Boolean	single	false	
encodingComments	String	single		
isObsolete	Boolean	single	false	
longDescription	String	single		
shortDescription	String	single		
visitsInCycle ³²¹²	Instance	multiple		classes={Visit, VisitCycle}

Superclasses

ProtocolElement^A

FIG. 32

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2736

[instance of VisitCycle]

ShortDescription Arm A Cycle	VisitsInCycle V C + - ◆ Arm A, Day 1 → 2722 ◆ Arm A, Day 8 → 2724 ◆ Arm A, Day 15, Rest → 2726
LongDescription 	
EncodingComments 	CycleCount 3
<input type="checkbox"/> DrillDown	<input type="checkbox"/> IsObsolete

FIG. 33

FIG. 34

35/41

Inconsistent tasks in tx plan and assessment table (DisambiguationComment)

ShortDescription Inconsistent tasks in tx plan and assessment table	Severity Level Level One	Document Page p. 13, p. 31
Protocol Text "b) Baseline safety evaluation --- laboratory tests 2 days following the first infusion will include: ionized calcium, magnesium, phosphorus, creatinine, and CBC..."		Additional reference comments
Issue The assessment schedule on page 31 does not list the creatinine.	Protocol Section Treatment Plan Schedule of Events	
Potential Impact A safety assessment could be missed, having the potential impact of missing the timely deflection of an adverse event.	Impact Type Safety	
Recommendation Add in the creatinine task to the assessment summary.		

FIG. 35

920

DocumentReference

Name: DocumentReference

Role: Concrete

Documentation:

Constraints:

Template Slots

Name	Type	Cardinality	Other Facets
[S] addlDocRefInfo	String	single	
[S] disambiguationComments	Instance	multiple	classes={DisambiguationComment}
[S] drillDown	Boolean	single	default={false}
[S] encodingComments	String	single	
[S] literalSponsorSectionName	String	single	
[S] longDescription	String	single	
[S] pageNumber	String	single	
[S] protocolText	String	single	
[S] sectionReferenceNumber	String	single	
[S] shortDescription	String	required single	

3610

FIG. 36

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31 (Document Reference)

31

11.1.2

VisualFunction and MSFC Practice Tests

Examining Technician instructions

"...performed three times within 35 days prior to randomization, with at least 5 days between any two evaluations.."

FIG. 37

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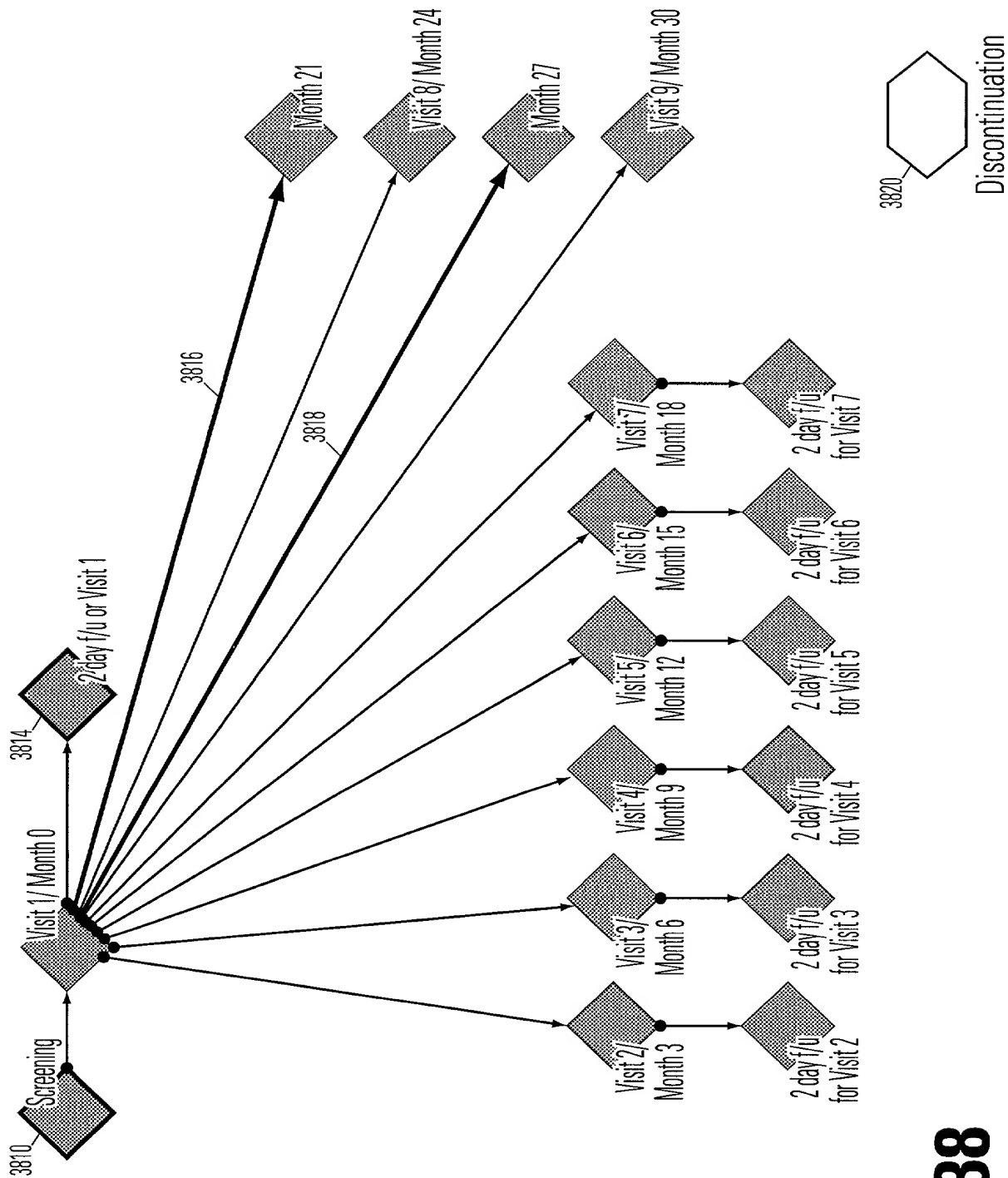


FIG. 38

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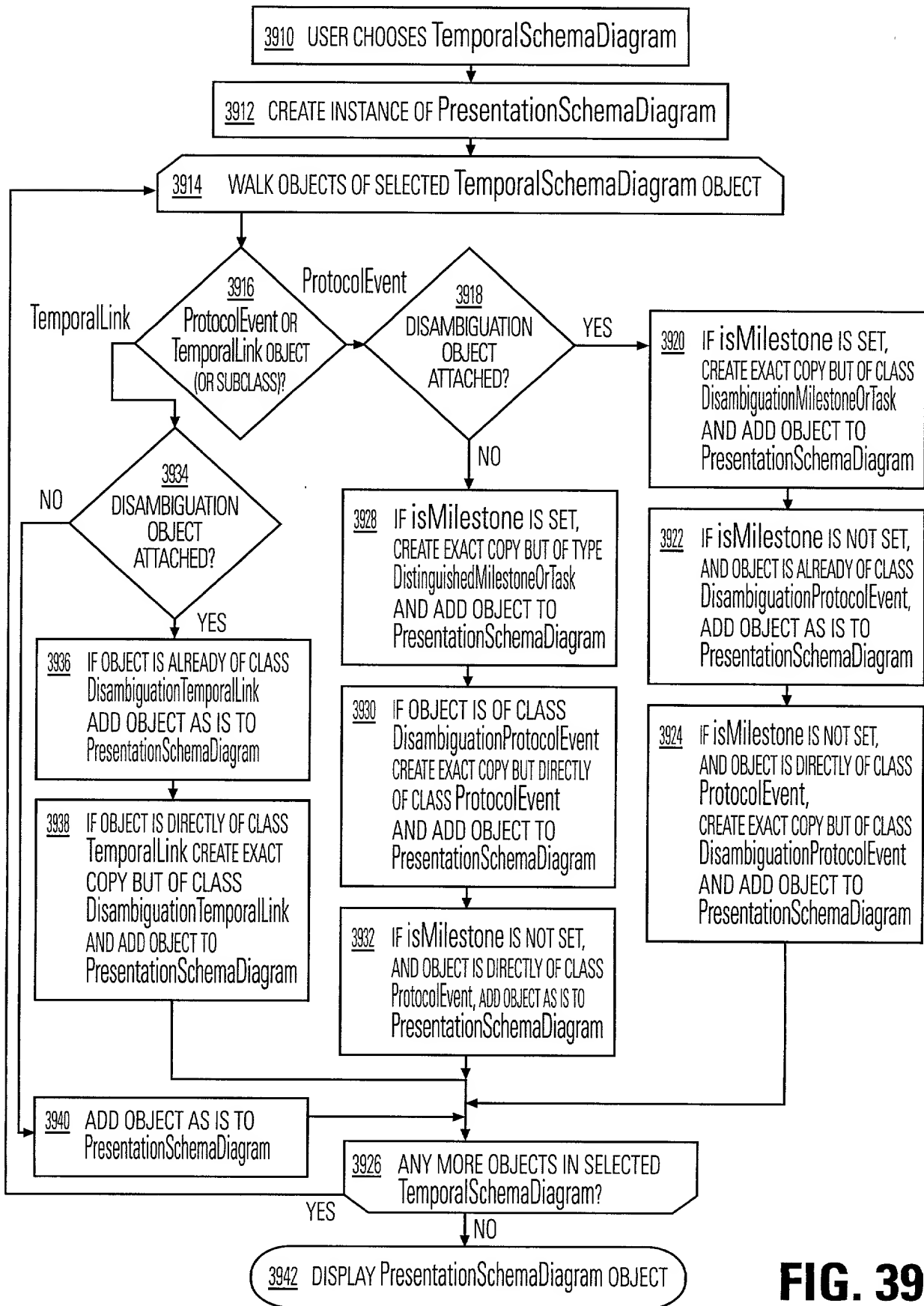


FIG. 39

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DISAMBIGUATION FINDINGS

Item	Impact Type	Protocol Section	Description	Document Reference
1	Safety Efficacy- primary Efficacy- secondary	Protocol Summary Study Flow Chart	<p>Issue:</p> <p>The description in the Protocol Synopsis of when assessments should be performed after 16 weeks is not consistent with Appendix I Schedule of Assessments.</p> <p>Potential Impact:</p> <p>Confusion as to when to perform these evaluations (clinical parameters and safety assessments) could result in inconsistent and inaccurate collection of data for the study.</p> <p>Recommendation:</p> <p>Revise sentence in the Protocol Synopsis to read, "After 16 weeks these evaluations will be performed every two to "four" months..." in order to be consistent with the timepoints indicated in Appendix I Schedule of Assessments.</p>	<p><i>Pg. 12; Section Protocol Synopsis; Procedure; Paragraph 6:</i></p> <p>"Clinical parameters (ACR core set) and safety assessments (adverse events and laboratory parameters) will be performed at baseline and then at monthly intervals up to 16 weeks. After 16 weeks these evaluations will be performed every two to three months, up to 104 weeks."</p>

FIG. 40

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Item	Impact Type	Protocol Section	Description	Document Reference
4	Safety Accrual	Screening Assessments Study Flow Chart	<p>Issue:</p> <p>The protocol text specifies that if an analysis with evidence of seropositivity was performed within 6 months before screening, then rheumatoid factor testing will not have to be performed at screening. However, this is not noted in Appendix I Schedule of Assessments.</p> <p>Potential Impact:</p> <p>Unnecessary analysis performed at screening.</p> <p>Recommendation:</p> <p>Add a footnote to the Rheumatoid Factor assessment in Appendix I to clarify that documented evidence of seropositivity is acceptable as screening data if obtained within 6 months before screening.</p>	<p><i>Pg. 28; Section 8.6.2; Rheumatoid Factor:</i> “Unless there is documented evidence of rheumatoid factor titre within 6 months before screening a blood sample for this analysis will be taken.”</p> <p><i>Pg. 41; Section Appendix I; Schedule of Assessments</i></p>

FIG. 41